



Urban Poor Child Health in Asia and the Near East

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Global urbanization is unprecedented. In five years, the number of urban dwellers is expected to exceed rural dwellers for the first time in history. Worldwide, urban growth rates in the Asia Near East (ANE) region are among the highest. By 2025, 2.5 billion people—double the current number—will live in cities, and six out of ten children will live in urban areas.

The fastest urban growth is occurring on the fringes of cities, creating mega-agglomerations of mostly illegal squatter settlements. Urban poverty is increasing as quickly as cities are growing. The lack of attention to rural-urban migration and the natural increase of urban populations has led to large segments of underserved and disenfranchised people living in urban poverty. Soon, most of USAID's child survival client population—children under five—will be found in urban slums.



Cairo Urban Slum Residents

In an effort to assist USAID Field Missions to effectively program child health resources

in urban slums, USAID/Asia Near East Bureau launched a multiphase Urban Health Initiative. Phase I of the Initiative, a desk study of existing literature on child health in urban slums and squatter settlements in select countries of the ANE Region, has been completed by the Environmental Health Project (EHP). The study focused on children under five in three cities representing the ANE subregions—Ahmedabad in India, Manila in the Philippines, and Cairo in Egypt. The objective of the study was to identify reliable sources of data on urban slum child health and shape a picture of the determinants of child health in urban slums.

Some General Findings

Few studies exist that provide data on health of children in slums. Some conclusions from existing studies show that slum children under-five suffer more and die more often from diarrhea and acute respiratory infection than rural children. On average, slum children are more nutritionally wasted. For example, the proportion of malnourished children under five in a Cairo squatter settlement was double the proportion for all of Cairo. Slum immunization rates are below those of rural children, and slum children experiencing diarrhea receive oral rehydration therapy less frequently than rural children.

Determinants of Poor Health Status

In general, the crowded conditions of the slums, lack of clean water supply, lack of



proper sanitation facilities and the severe air pollution, all contribute to the poor health status of urban slum children. In Ahmedabad for example, the polluted city air was compounded by the use of cooking fuels inside crowded, unventilated dwellings, contributing to the high prevalence of acute respiratory infection.

Conclusion

Available data in the desk study support the hypothesis that urban slum child health is generally worse than national and rural averages. Data also show that children under five in slums suffer from the same illnesses as rural children. Given the skyrocketing numbers of urban dwellers in the ANE region, there is an urgent need to link interventions focusing on the urban poor to new and ongoing program interventions.

Recommendations

Policy

- Develop clear regional urban health policy and program strategies.
- Mine the rich results of past USAID investment in developing urban health policy and program guidelines (1991 Office of Health workshops on health in the urban setting) to guide present policy and program directions.
- Build on the historical precedents and the program models provided by UNICEF and other organizations in urban slum child health.
- Commit financial and technical resources to urban environmental health and child

survival at a level commensurate with the urgency of the problem.

- Support disaggregation and analysis of existing Demographic Health Survey (DHS) data for Asian cities with databases large enough to permit statistically valid disaggregation and analysis.
- Include slum sampling in future USAID-sponsored DHSs.

Urban Child Health Programming Support

- Offer technical assistance in program development for missions interested in implementing urban slum child health interventions.
- Produce regional urban health programming guidelines for ANE Missions.

Advocacy

- Advocate for urban child health programming as a policy priority for the ANE region that is consistent with USAID's child survival mandate from Congress.
- Identify successful urban slum health programs in the region and arrange site visits for interested health, population, and nutrition officers and other appropriate mission personnel.

The report, *Activity Report 109. Health of Children Living in Urban Slums in Asia and the Near East. Review of Existing Literature and Data*, can be downloaded from the EHP website: <http://www.ehproject.org/>.

For more information or to request a copy of the report, please email: info@ehproject.org.